



## U.S. Public Health Service Commissioned Corps Associate Recruiter Program

### Associate Recruiter Activity Report

Recruiter Name: \_\_\_\_\_

Category: \_THERAPIST\_\_\_\_\_

Date(s) of visit: \_\_\_\_\_

Number and type of audience: \_\_\_\_\_

Which Agencies or Programs did you recruit for?

IHS\_\_\_\_\_ HRSA\_\_\_\_\_ HRSA/DIHS\_\_\_\_\_ BOP\_\_\_\_\_ AHRQ\_\_\_\_\_

NIH\_\_\_\_\_ CDC\_\_\_\_\_ ATSDR\_\_\_\_\_ FDA\_\_\_\_\_ USCG\_\_\_\_\_

EPA\_\_\_\_\_ USMS\_\_\_\_\_ HCFA\_\_\_\_\_ SAMHSA\_\_\_\_\_

Name of School/University/Meeting: \_\_\_\_\_

Contact person at site: \_\_\_\_\_

Type of activity: \_\_\_\_\_

Please describe the activity in a short paragraph:

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Audience response:      Excellent\_\_\_\_\_      Good\_\_\_\_\_      Fair\_\_\_\_\_      Poor\_\_\_\_\_

Positive/Negative aspects of activity:

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Overall comments about the activity:

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Suggestions for changes and future visits:

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